

## **Edmonds Municipal Court Fine Payment**

250 5<sup>TH</sup> AVE N. EDMONDS, WA 98020 425-771-0210.

## **Auto-pay Authorization Agreement**

| NEW CHANG   | it 🗌                           | SIOP [                              |  |
|---|--------------------------------|-------------------------------------|--|
| EMC Case Number #:  | <u> </u>                       |                                     |  |
| Defendants Name:  |                                |                                     |  |
| Address:  |                                | _                                   |  |
| CC Billing Address:   |                                |                                     |  |
| City/State/Zip:   |                                |                                     |  |
| Daytime Phone Number: ()  |                                |                                     |  |
| Automatic Debit/Credit Card Payment A   | <u>uthorization</u>            |                                     |  |
| ☐ Yes, please charge my Court fine to my Do   | ebit /Credit card listed belov | v using the amount I have selected. |  |
| Name as shown on Card:  |                                | _                                   |  |
| ☐ Visa ☐ MasterCard Exp. Dat  | e:                             |                                     |  |
| Card Number:  | V-Code:                        | _ (Found on back of card, 3 digits) |  |
| Card Holder's Signature:  |                                | _                                   |  |
| The charge authorized shall occur on the [<br>Amo<br>until  |                                | \$ 50 or \$ monthly,                |  |
|   |                                |                                     |  |
| I authorize the Edmonds Municipal Court to automatically charge the above Debit/ Credit Card account as provided herein. My account will be charged as noted, and this authorization shall remain in effect until the fine/ fines are paid in full, unless EMC receives <u>a written notification</u> to change or terminate this authorization. Any penalties imposed on my account will be my responsibility. |                                |                                     |  |
| Print Name:   |                                | Date:                               |  |
| Signature:  |                                |                                     |  |
|   |                                |                                     |  |

Edmonds Municipal Court, 250 5<sup>th</sup> Ave. N. Edmonds, WA 98020 (425-771-0210 MUST COMPLETE OTHER SIDE

| Office Use: |  |  |
|-------------|--|--|
| Date Rec'd  |  |  |

| agrees to protect, indemnify and hold the City of Edmonds, the Edmor   | nds                     |
|--|-------------------------|
| Print your name  |                         |
| Municipal Court, and all employees and agents thereof (collectively, the City) harmless from and against all claims, demands, and causes of action of every k character arising directly or indirectly, or in any way incident to, in connection with, or arising out or pay Authorization Agreement.  further agrees to fully indemnify the City from and again   | ind and f<br>this Auto  |
| all costs of defending any claim, demand or cause of action arising hereunder to the end that the Citharmless there from. This indemnification provision expressly includes, but is not limited to, the Citrelease of this Auto-pay Authorization Agreement to the extent public release of this Auto-pay Authorization Agreement to the extent reasonably required by Washington's Public Disclosure Act or other applications. | y's public<br>orization |
| If your Credit/ Debit Card has a new expiration date, you are to notify the court immediately.   |                         |
|  | Initial                 |
| If your Credit/ Debit Card Company changes you are to notify the court immediately.  | Initial                 |
|  | Illiudi                 |
| If your close your Credit/ Debit Card account, you are to notify the court immediately.  | Initial                 |
| If your Credit/ Debit Card is declined twice for any reason, your Auto-Pay Agreement will be terminated and the court will begin the collection process.   |                         |
| <u>.                                      </u>   | Initial                 |